



Application for Free Library Service: Individuals

Wolfner Library for the Blind and Physically Handicapped
PO Box 387, Jefferson City, MO 65102-0387
Telephone: (800) 392-2614

Please print or type:

Applicant's Name _____
(first) (middle) (last)

Street Address _____
(number) (street name or route) (apartment or box number)

City _____ State _____ Zip + 4 _____

County _____ Phone: home (____) _____ work (____) _____

E-mail Address _____

Date of Birth _____ (Month/Day/Year) Sex: ☐ Male ☐ Female

☐ By law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the Armed Forces of the United States.

Eligibility and Certification

Please check the primary disability preventing you from reading standard print:

- ☐ **Blindness** Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.
- ☐ **Visual Impairment** Inability to read standard printed materials without special aids or devices other than regular glasses.
- ☐ **Physical Disability** Inability to read or use standard printed materials as a result of physical limitations, e.g., paralysis, lack of arms or hands, extreme weakness.
- ☐ **Reading Disability** Organic dysfunction of sufficient severity to prevent reading printed material in a normal manner. **(Must be certified by a doctor of medicine or osteopathy.)**

In addition to any of the previously indicated conditions, do you also have a hearing loss? If yes, please indicate the degree:

☐ **Moderate** (some hearing loss)

☐ **Profound** (major hearing loss)

Qualified readers must be residents of the United States, including the 50 states, territories, insular possessions, and the District of Columbia, or American citizens temporarily living abroad.

To be completed by certifying authority

(see definitions of “certifying authority” below)

I certify the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated on the previous page.

Please print or type:

Certifier's Name _____

Title/Occupation _____

Street Address _____ Phone () _____

City, State _____ Zip+4 _____

Signature _____ Date _____

Definition of “Certifying Authority”

1. In cases of **blindness, visual impairment, or physical disability**, certifying authorities include doctors of medicine or osteopathy, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, and public agencies (e.g., social workers, counselors, or rehabilitation teachers). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.
2. In the case of a **reading disability** from an organic dysfunction, the certifying authority must be a doctor of medicine or osteopathy, who may consult with colleagues in associated disciplines.
3. A family member is **not** eligible to sign this application as a certifying authority.

Books, Equipment, and Other Services

Please check those you wish to receive:

- ☐ **Talking Books on cassette and a cassette player** (playback only).

Please choose **one** of the following cassette players:

- ☐ Standard cassette player, plays 15/16 ips, 4-track Library of Congress cassettes, and also plays 1-7/8 ips, 2-track commercially recorded cassettes. Operates with a rechargeable battery, or electricity.
- ☐ Easy cassette player, plays 15/16 ips, 4-track cassettes only. For persons who have difficulty with manual dexterity. Must be plugged into electricity for operation.

- ☐ **Braille Books**

- ☐ **Magazines:** a catalog for magazine selection will be sent.

- ☐ **Music:** not music for listening, but instructional recordings and braille or large print music scores and magazines.

- ☐ **Descriptive Video Service:** videos with added narration.

- ☐ **NFB - NEWSLINE Service:** telephone newspaper service.

- ☐ **Large Print Books:** for children and teenagers.

Machines' Accessories

Special accessories for players are available; please check those needed:

- ☐ **Amplifier** (solely for use by readers with profound hearing loss—requires a special application which will be sent to you).

- ☐ **Extension lever for cassette player** (assists readers with limited use of their hands in operating the standard cassette player controls).

- ☐ **Headphones** (only for patrons with a hearing loss, or for patrons residing in a group setting where headphones are necessary for private listening).

- ☐ **Pillow speaker** (for readers confined to bed).

- ☐ **Remote control** (assists readers with limited use of their hands in turning the standard machine on and off—requires a special application which will be sent to you).

- ☐ **Breath switch** (for use with the remote control unit for readers who have little or no use of their hands).

Reading Preferences

Select the type of book service you desire (**choose only one**):

☐ **I want to select my own books.** I will send the library requests from catalogs, "Talking Book Topics," "Braille Book Review," or other sources.

☐ **I would like the library to select books for me when my requests are not available. My reading interests are:**

- | | |
|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Animal Stories | <input type="checkbox"/> Government/Politics |
| <input type="checkbox"/> Radio Plays and Dramatizations | <input type="checkbox"/> Health |
| <input type="checkbox"/> Best Sellers, Fiction | <input type="checkbox"/> History, World |
| <input type="checkbox"/> Best Sellers, Nonfiction | <input type="checkbox"/> History, United States |
| <input type="checkbox"/> Classics, Pre-20th century | <input type="checkbox"/> History, U.S. Frontier |
| <input type="checkbox"/> Classics, 20th century | <input type="checkbox"/> History, Missouri |
| <input type="checkbox"/> Gothic Novels | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Historical Novels | <input type="checkbox"/> Hobbies and Crafts |
| <input type="checkbox"/> Romance Novels | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Mysteries | <input type="checkbox"/> Music, Books About |
| <input type="checkbox"/> Espionage Novels | <input type="checkbox"/> Plays & Drama |
| <input type="checkbox"/> Horror Stories | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Religion, Denomination:_____ |
| <input type="checkbox"/> War, Fiction | <input type="checkbox"/> Sciences |
| <input type="checkbox"/> Westerns | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Gentle and Nostalgic Fiction | <input type="checkbox"/> Travel, Foreign |
| <input type="checkbox"/> Sports Fiction | <input type="checkbox"/> Travel, United States |
| <input type="checkbox"/> Short Stories | <input type="checkbox"/> War, Nonfiction |
| <input type="checkbox"/> Family Sagas | <input type="checkbox"/> Other(s)_____ |

I do not wish to receive books that contain:

- ☐ Violence
- ☐ Explicit descriptions of sex
- ☐ Strong language
- ☐ Adult-reading level material
- ☐ Young adult material
- ☐ Children's material
- ☐ Narrator with an accent

If patron wants children's books, please indicate reading level; up to four consecutive levels may be selected:

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> P-2 | <input type="checkbox"/> 4-7 |
| <input type="checkbox"/> K-3 | <input type="checkbox"/> 5-8 |
| <input type="checkbox"/> 2-4 | <input type="checkbox"/> 6-9 |
| <input type="checkbox"/> 3-6 | <input type="checkbox"/> Jr. & Sr. |

My preferred language for reading is:

☐ English ☐ Other(s)_____

Please give the name of a person to be contacted if you cannot be reached for an extended period. The person should not live in the same household.

Name _____ Phone: (____) _____

If you have received this service from any other library for the blind and physically handicapped, please provide the following information:

Library Name _____

City _____ State _____

Applicant Agreement

It is the responsibility of the library user to:

1. Return library materials and machines to the Wolfner Library when they are no longer being used.
2. Notify the library of any address or telephone number changes.
3. Take reasonable care of materials and machines.
4. Borrow at least one book or magazine per year.
5. Read and return books within six weeks of their receipt, to allow others the opportunity to read.

I understand the above responsibilities and agree to follow them.

Signature of applicant (Parent if applicant is a minor.)

Please mail this completed application to:
Wolfner Library for the Blind and Physically Handicapped
PO Box 387
Jefferson City, MO 65102-0387

Notes to Applicant

Mail (do not fax) your application to the library. Once your application is received, the library will send additional information concerning services. This will include one or more of the library's latest catalogs for ordering books, the equipment you requested, and a users handbook. The library will also process your subscription to "Talking Book Topics" and/or "Braille Book Review," which will be mailed directly to your residence. This will let you know about the latest books at the library.

If you have any questions concerning this information, or need additional assistance in completing this application form, please call Wolfner Library at:

(800) 392-2614, toll free in Missouri

(573) 751-8720

FAX (573) 526-2985

TDD (800) 347-1379, toll free in Missouri

E-mail: wolfner@sosmail.state.mo.us

Home page: www.sos.mo.gov/wolfner/

Wolfner Library is open to the public during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, and is closed on Missouri State holidays. After hours, patrons may call the library toll free at (800) 392-2614 and leave a message. Visitors are welcome to visit the library, in the Missouri State Information Center, located at 600 West Main, in Jefferson City.

The machines and special attachments are supplied to eligible persons on extended loan. If this equipment malfunctions, please call the library for instructions to return. If the equipment is no longer being used in conjunction with the recorded materials from Wolfner Library and the Library of Congress, it must be returned to Wolfner Library for the Blind and Physically Handicapped.

Confidentiality

The information required on this application pertains to eligibility for and establishment of free library services for blind and physically impaired individuals.

This information is required by the National Library Service for the Blind and Physically Handicapped of the Library of Congress to fulfill the requirements of Public Law 89-522. Complete and accurate information will speed the application process.

This application is a library record, and, as such, its information is considered to be confidential, in accordance with Missouri Revised Statute 182.817.